

ANALYSIS OF HOUSE BILL 1889

Mandating general anesthesia services.

SPONSORS: Representative Slug and Cody.

BACKGROUND: HB 2540 (1998) required health plans to cover general anesthesia for dental use for a covered person who: (1) is a child under age six; (2) is severely disabled; or (3) has a medical condition requiring hospitalization, general anesthesia for dental treatment. The bill was referred to the Department of Health (DOH) for Sunset Review.

The DOH recommended that general anesthesia for dental use be a covered benefit in health plans, but that there should be coordination of benefits between medical and dental plans. e.g., medical plans should cover the cost of general anesthesia and related facility charges when the procedure takes place in a hospital or surgical center environment, and dental plans should cover the cost of general anesthesia and related charges when the procedure takes place in a dental office. (See attached.)

SUMMARY: Public employee plans provided by the State Health Care Authority (HCA) and health plans offered by a health carrier must provide dental anesthesia for enrollees who are under the age of seven, or physical or developmental disabled, as follows:

If the person cannot be safely and effectively treated in a dental office, coverage must be provided by the medical-related plan.

If the person can be safely and effectively treated in a dental office, coverage must be provided by the dental-related plan.

Also, related medical plans must cover a person with at least one medical condition that would create an undue medical risk if treatment were not performed in a hospital or ambulatory surgery center; such treatment must be approved by the patient's physician.

Standard cost-sharing and prior authorization requirements may be imposed.

Carrier and the HCA are not limited in negotiating rates and contracts with specific providers.

These provisions do not apply to Medicare supplemental coverage or other limited benefit policies.